

# Bendigo Health-Justice Partnership

A collaboration between  
Loddon Campaspe Community Legal Centre  
and Bendigo Community Health Service



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# **A Research and Evaluation Report for the Bendigo Health–Justice Partnership: A partnership between Loddon Campaspe Community Legal Centre and Bendigo Community Health Services**

***(Abridged Final Report)***

**October 2016**

**By Dr Liz Curran, Australian National University<sup>1</sup>**

***'I sleep better at night'. (Interview with Client)***

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<sup>1</sup> Thanks for the assistance of Dr Robert Southgate, Project Research Assistant, clients, external agencies and staff of LCCLC and BCHS for their participation and facilitation of the research for this research evaluation report.

## **Acknowledgements**

Mr Peter Noble, former Executive Officer (EO) of Advocacy and Rights Centre Ltd (t/a ARC Justice) Bendigo and Ms Chris Sedgman, Acting EO, ARC Justice

Ms Kim Sykes, CEO, Bendigo Community Health Services

Dr Robert Southgate, Project Research Assistant

BCH Staff and Management, and Project Participants

ARC Justice Staff and Management, and Project Participants

Clients and Community Focus Group Participants for their insights

**Advisers to the Project:** Professor Mary Anne Noone, School of Law, La Trobe University, and Dr Alex Philips, Quality Control Co-coordinator, Research Evaluation & Development, Banyule Community Health (advice on social determinants of health)

Clayton Utz Foundation

RE Ross Trust

Research Support Unit & Finance Division, ANU College of Law

ANU, Human Ethics Support Unit

Professor Liz Tobin-Tyler, Assistant Professor of Family Medicine and Health Services, Policy and Practice, The Warren Alpert Medical School of Brown University, Brown University School of Public Health

Ellen Lawton, JD, National Centre for Medical–Legal Partnerships, the Milken Institute School of Public Health, George Washington University

Thanks to my Directors at ANU, my close family and friends for their support during the sometimes challenging moments over the three years of this project.

*In memory of my brother Nick who passed away during the final stages of this project. May these findings go some way to bringing justice, health, peace and wellbeing to others who suffer as you did.*



*Figure 1 Dr Rob Southgate and Dr Liz Curran*

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**Note: this report is a significantly truncated version of the Full Final Report, which should be referred to for any clarification on details.**

*'I was in a bad place. I had thoughts of finishing it all as what was the point if I couldn't see my boy. The lawyer changed all that. Now I have hope and there is a reason to live. Shows you should not listen to the department. They will not tell you your legal rights but she [the lawyer] did and it's made me much less depressed'* (Interview with Client)

*'I now know that sometimes when the department says it's a "No" to my client, that they may be wrong and I feel better able to question it, as the legal advice shows me a "No" is often a "Maybe"'*. (In-depth interview with Community Health Nurse, April 2015)

*'Poverty and low living standards are powerful determinants of ill health and health inequity. They have significant consequences for ECD and lifelong trajectories, among others, through crowded living conditions, lack of basic amenities, unsafe neighbourhoods, parental stress and lack of food security. Child poverty and transmission of poverty from generation to generation are major obstacles to improving population health and reducing health inequity'. (Commission on Social Determinants of Health, 2007, 84)*



*Figure 2 BCHS Kidzspace building*

## **About This Report**

This is the Abridged Final Report on the Bendigo Health–Justice Partnership Research and Evaluation (HJRAE) conducted by Dr Liz Curran of the Australian National University. There is a further Full Final Report that provides a detailed discussion, explaining the challenges, literature, methodology and the quantitative and qualitative data. This Full Final Report is 214 pages long (including five appendixes) and draws on the overall data, which is substantial. This Abridged Report is a summary only. Readers with questions are free to look to the Full Final Report available on the Loddon Campaspe Community Legal Centre website.

# 1. Executive Summary for the Research and Evaluation Report for the Bendigo Health–Justice Partnership

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21 October 2016

Dr Liz Curran, Australian National University

‘I was in a bad place. I had thoughts of finishing it all as what was the point if I couldn’t see my boy. The lawyer changed all that. Now I have hope and there is a reason to live. Shows you should not listen to the department. They will not tell you your legal rights but she [the lawyer] did and it’s made me much less depressed’. (*Interview with Client*)

## 1.1 Background

Research by the Legal Services Research Centre (UK) and the Legal Australia-Wide (LAW) Survey demonstrates that unresolved legal problems are likely to have a deleterious impact on stress and health outcomes.

The Loddon Campaspe Community Legal Centre (LCCLC) and Bendigo Community Health Services (BCHS) formed a partnership in 2013 to commence a HJP in January 2014 to better reach those clients experiencing disadvantage. The aim is to assist clients who are unlikely to gain legal help, and to try through a community health setting to influence their social determinants of health in a positive way by resolving legal problems that can directly affect health and wellbeing. A decision was made at the management levels of each partner agency to target a group of clients with a specific vulnerability and whom they suspected were currently not accessing legal services. This decision was informed by the findings of the LAW Survey in 2012 that noted the most disadvantaged were likely to have multiple legal issues but were not accessing legal services. The site at Kangaroo Flat (KF) was determined to be a place that would host the pilot Health–Justice Partnership (HJP). The model co-located, with a view to embedding a full-time community lawyer at KF three days a week, with court work and other work occurring on the other days. The 2011 Australian Census found this area to have the significantly highest proportion of low incomes in the City of Greater Bendigo.

## 1.2 Why Is a Health–Justice Partnership Necessary?

- Individuals only consult lawyers for about 16% of their legal problems and a key access point for disadvantaged individuals is the health profession.
- Legal problems have a detrimental impact on the health and wellbeing of individuals.
- A collaborative, multi-disciplinary approach to problem-solving can be effective in improving health outcomes for vulnerable individuals.
- A key access point for individuals seeking assistance with their problems is the health and allied health professions. Having a lawyer/legal service providing advice and casework alongside and integrated with health services can be effective in improving health outcomes for vulnerable individuals.

## 1.3 Summary of the Research and Evaluation

The Bendigo HJP Research and Evaluation (HJPRAE) was undertaken over three years with an evaluative process embedded in the service from service start-up. The author provided pro bono advice over the summer of 2013–14 in anticipation of service start-up in January 2014, as LCCLC had not been able to source any project funding for an evaluation at the time. In July 2014, LCCLC was able to find philanthropic funding towards funding research and evaluation and the contract with ANU was signed on 28 July 2014. It is noted the project had to fit into the limited available funding for such research and evaluation rather than the available funding being adequate to support the project requirements. The Productivity Commission has noted the constant struggle in Australia where there is a historical reticence to fund legal services research even though government and funders often require an evidence base for proof of service project worth. Project advisers were appointed as consultants to the project by LCCLC in October 2014.

## 1.4 Method

Qualitative and quantitative data have been collected using multiple tools and specific questions.

### Aggregated Participants for Data over the Three Snapshots

The instruments and number of participants over the life of the project were as follows:

- Community Focus Group (CFG) (26).
- Client interviews (10).
- Longitudinal client case studies (7).
- Client Feedback Questionnaire (1) (See, for full discussion of the reasons for this small number, Chapter Six, Full Final Report).
- In-depth interviews with health/allied health professionals (18) (approximately six health and allied health professionals were reinterviewed in each snapshot to enable short-, medium- and long-term comparisons through the project snapshots). There was an increase in health/allied health professionals by the Final Snapshot, suggesting increased engagement over the life of the project of the health/allied health professionals in the HJP.
- In-depth interview with lawyers (6). (The lawyer staff were consistent and they were reinterviewed in snapshots to enable short-, medium- and long-term comparisons through the project snapshots).
- Interview with reception (6). (The reception staff were consistent and they were reinterviewed in each snapshot to enable short-, medium- and long-term comparisons through the project snapshots).
- Interview with relationship holders (18) (includes 10 Managers and 8 external agencies). Three of the managers were reinterviewed in each snapshot to enable short, medium and long-term comparisons through the project snapshots. Similarly, two external agencies were reinterviewed in each snapshot. For the Final Snapshot a decision was made by the author in discussion with LCCLC that, given the data from externals was consistent from Snapshots One and Two (and unlikely to change given they had reiterated similar points in each snapshot), and due to the increased number of in-depth interviews with health/allied health

professional staff, resource and time wise and in terms of data significance, it was best to interview less external agencies in Snapshot Three. The two external relationship holders interviewed in Snapshot Three confirmed this by reinforcing the same message, as suspected, namely that HJP was a great and effective model. They each noted that they would like an HJP at their respective services given the complexity and often multi-natured legal problems and barriers of access facing their clients.

- Online survey of BCHS staff (53) across all Bendigo Community Health sites (not just KF where the Bendigo HJP was conducted).
- Case studies from the qualitative data (23).
- Aggregated service data provided to the author by LCCLC from 7 January to 30 June 2016.

## 1.5 Some Findings from the Research and Evaluation

### Specific to the Bendigo HJP

1. The clients of the HJP are complex and more often than not have more than one legal problem and a multitude of other health and social welfare problems. They often feel judged and lack trust in services. They will seek help when they feel they are not judged, where they are respected and where there is service responsiveness. Appointments are problematic – time and place can be critical to engagement, especially for people who have experiences of trauma or negative previous experiences of the legal system.
2. During its life, the Bendigo HJP has provided a significant amount of legal service to clients on a range of matters, often where one client has a significant number of legal issues. The clients' lives are complicated and building trust takes time. Given the project has only one lawyer co-located at the HJP, the number of clients and client problems tackled is significant in view of the limited staff, funding and resources.
3. The Bendigo HJP is reaching clients who would otherwise not have sought legal help. The role of their trusted health or allied health professional in facilitating that reach has been overwhelmingly critical – 90% of clients interviewed in the HJPRAE said that without the HJP they would not have sought legal help.
4. Clients who have multiple and complex problems reported they were anxious and frightened as they did not know their rights/position. They reported this impacted on their health and wellbeing. The effectiveness and quality of the HJP service and its impact as reported by health/allied health professionals delivered the following relevant responses:
  - confidence in engaging with services in clients to have increased by 90.9%;
  - knowledge of rights and responsibilities in clients to have increased by 72.7%; and
  - knowledge of options and more skilled over time in clients to have increased by 90.9%.
5. The capacity of professionals, due to the HJP, to respond to legal issues with confidence has increased; that is, they have become 'empowered'. The capacity of professionals, both lawyers and non-lawyers, as well as

client service staff, is key/critical to being able to support clients in a timely way, when in crisis or ready for help. The professional staff in their in-depth interviews reported that the personal and professional changes in themselves over the time of the HJP were as follows:

- Stress decreased by 75%.
  - Anxiety decreased by 75%.
  - Resilience increased by 75%.
  - Trust increased by 87.5%.
  - Responsiveness increased by 87.5%.
  - Engagement increased by 87.5%.
  - Confidence increased by 75%.
  - Knowledge of rights and responsibilities increased by 62.5%.
6. Overall, 60% of clients interviewed stated their stress had been reduced a lot as a result of the intervention, while 40% noted their stress had been reduced 'a bit'. Fortunately, none reported stress being increased or remaining the same as a result of the intervention of the HJP, even though when you examine the qualitative data taken from clients in each of the three snapshots, their situations and circumstances were often far from ideal and often they had complex legal issues and complicated factors at play in their day-to-day lives. One hundred per cent noted it had a positive impact on their levels of stress and anxiety.
7. The Bendigo HJP has, over the life of the project, moved from services for health and allied health being separate to the legal centre and operating in silos, to becoming an integrated team and a multi-discipline practice. It is suggested by the data that it has been effective in reducing negative social determinants of health and had positive impacts on client lives. The project should, with ongoing funding, resources and commitment, be able to continue to reach clients who would otherwise not gain legal help.

### General Application to Other Replicable Models of HJP

8. Clients turn to 'trusted' health/allied health professionals but may not turn to lawyers without the facilitation and transferral of trust. Some clients will not turn to a lawyer as they are not emotionally ready (e.g., due to trauma, fragility, fear) and so the health/allied health professional that they trust becomes an important intermediary for them to gain legal help and information at salient times.
9. A service which is a HJP needs to be 'opportunistic' in taking advantage of clients' health appointments to provide legal assistance – due to complexities of their lives and confusion, lack of confidence and being overwhelmed etc.
10. The capacity of professionals, both lawyers and non-lawyers, as well as client service staff, is key/critical to being able to support clients in a timely way, when in crisis or ready for help.
11. Legal Secondary Consultations (LSCs) 'are pivotal'; 'it would not work if we did not have LSCs'. A significant majority of research participants noted that the LSC enables quick, efficient and targeted building of knowledge which can 'save time' in the long run. LSCs need to be done well as they are so critical to engaging and reaching vulnerable and disadvantaged

clients. Training in good LSCs is also critical to ensure they comply with legal professional requirements but are also practical, useful and usable.

12. Health/allied health professionals reported using LSCs to test the lawyer before making a referral and as critical to building trust. They used it to check in and verify facts, for their own personal peace of mind and to reduce their stress.
13. The type of lawyer used has been critical to the success of the Bendigo HJP and should be considered when hiring and recruiting staff. Lawyers can't 'just sit in their office' but need to interact, integrate, not be 'too stuffy' or 'too hierarchical', 'avoid jargon' and show 'respect'. The type of person used in the role is key to the HJP's success.
14. Trust and relationships take time to demonstrate an impact and their effectiveness as they are predicated on relationships, human experience, confidence and positive interactions and cannot be driven by a 'top down' approach.

## 1.6 Highlighted Recommendations

### Specific to the Bendigo HJP

1. Sustainability – Funding well beyond the pilot needs to occur to ensure the advances are harnessed and extended.
2. Physical placement of the lawyer in the building or any future building in which the Health–Justice Partnership is based.
3. Engagement of the Boards and Executive of both partners in the Bendigo Health–Justice Partnership in joint reporting on the impacts of the Health–Justice Partnership on clients and community and staff, strategic planning and policy work.
4. The Bendigo HJP is a 'two-way street'. Ongoing communication between the legal partner and the health partner is essential for the seamless and collaborative nature of the project. The health/allied health partner and the legal partner both assign a person as a point of contact to enable concerns of any nature to be raised and dealt with in a timely manner.
5. Proactivity – health/allied health partners all need to be proactive in fostering the relationship. They cannot expect that the legal partner (generally consisting of one project lawyer) can cover all of the bases with respect to fostering the relationship.

### General Recommendations for Replicable/Existing Models of HJP, funding, education and policy

1. LSCs – Data capture is needed to ensure practice-informed support, valuing of this form of advice and training to support those undertaking legal and non-Legal Secondary Consultation. The community legal centre data capture systems should count and value LSCs as a legitimate method of expanding the reach of Legal Assistance Service (LAS) to professionals and clients who may not be ready to see a lawyer.
2. Funding of other HJPs (to complement existing general and specialist legal services) should be forthcoming in the future from government, council, philanthropy, pro-bono contributions and other sources, given the growing evidence base for HJPs (including the Bendigo HJPRAE) as an effective innovation.



3. Research evaluation should not fit into limited available funds but should be funded according to the actual work and the societal and taxpayer value of building the evidence-based practice that is required to ensure good and effective service to the community.

# PART ONE – Service Context and Background

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Research by the Legal Services Research Centre (UK)<sup>1</sup> and the Legal Australia-Wide (LAW) Survey<sup>2</sup> demonstrates that unresolved legal problems are likely to have a deleterious impact on stress and health outcomes. For 15 years the author has researched, written and worked as a practitioner in integrated and collaborative contexts of legal service delivery. This experience suggested multi-disciplinary practice (MDP) as effective in reaching vulnerable and disadvantaged people and for collaborative work for systemic change that improves outcomes in terms of access to justice for community. This view was informed by both her academic research and her own work as a practitioner for a decade in a legal service that was co-located with a health service in one of the poorest postcodes in Australia: the first Health–Justice Partnership (HJP) in Australia, established in 1975. The author (and Noone) had written about this approach to service delivery and other overseas research for many years.<sup>3</sup> There was, however, a gap in the empirical evidence base that might exist to confirm this view. There was a critical need to determine whether there is an empirical basis for whether HJP and MDP are effective and the impact of MDP such as HJP on clients, community and service providers, and to determine what works well or not so well and why not. The Bendigo HJP Research and Evaluation (HJPRAE) presented an opportunity for the author LCCLC, to build the evidence base to discover whether HJP and MDP are an effective model of service delivery.

The National Association of Community Legal Centres (NACLC) *National Census of CLCs 2015 Report*<sup>4</sup> based on CLC service data (that is required to be kept by various funders) reveals that CLCs provide free legal help to the most vulnerable and disadvantaged communities in Australia. The average proportion of Aboriginal and Torres Strait Islander clients was 15.3%, clients with a disability was 26.6% and clients from a culturally and linguistically diverse background was 20.6%. The top three areas of specialist advice or client

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<sup>1</sup> Nigel Balmer et al, 'Worried Sick: The Experience of Debt Problems and their Relationship with Health, Illness and Disability' (2006) 5 *Social Policy and Society* 39; Pascoe Pleasance and Nigel Balmer, 'Mental Health and the Experience of Social Problems Involving Rights: Findings from the United Kingdom and New Zealand' (2009) 16 *Psychiatry, Psychology and Law* 123; Pascoe Pleasance, Nigel Balmer and Alexy Buck, 'The Health Cost of Civil-law Problems: Further Evidence of Links between Civil-law Problems and Morbidity, and the Consequential Use of Health Services' (2008) 5(2) *Journal of Empirical Legal Studies* 351; Pascoe Pleasance et al, 'Civil Law Problems and Morbidity' (2004) 58(7) *Journal of Epidemiology and Community Health*, pp. 552–7.

<sup>2</sup> Christine Coumarelos et al, *Access to Justice and Legal Needs: Legal Australia-Wide Survey Legal Need in Australia* (August 2012) Law and Justice Foundation of New South Wales 27 <[http://www.lawfoundation.net.au/ljf/site/templates/LAW\\_AUS/\\$file/LAW\\_Survey\\_Australia.pdf](http://www.lawfoundation.net.au/ljf/site/templates/LAW_AUS/$file/LAW_Survey_Australia.pdf)>.

<sup>3</sup> Liz Curran, *Ensuring Justice and Enhancing Human Rights: A Report on Improving Legal Aid Service Delivery to Reach Vulnerable and Disadvantaged People* (2007) La Trobe University and Victoria Law Foundation <<http://libertyvictoria.org/sites/default/files/Report%20-%20Ensuring%20Justice%20and%20Enhancing%20Human%20Rights.pdf>>; Liz Curran, *Making the Legal System More Responsive to Community: A Report on the Impact of Victorian Community Legal Centre (CLC) Law Reform Initiatives* (2007) West Heidelberg Community Legal Service; Liz Curran, 'Relieving some of the Legal Burdens on Clients: Legal Aid Services Working Alongside Psychologists and other Health and Social Service Professionals' (2008) 20(1) *The Australian Community Psychologist* 47; Liz Curran and Mary Noone, 'The Challenge of Defining Unmet legal Need' (2007) 21(1) *Journal of Law and Social Policy* 63; Mary Noone and Kate Digney, "It's Hard to Open up to Strangers" – *Improving Access to Justice: The Key Features of an Integrated Legal Services Delivery Model* (2010) La Trobe University <[https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=1799648](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1799648)>.

<sup>4</sup> National Association of Community Legal Centres, *National Census Report* (2015) <<http://www.naclc.org.au/resources/NACLC%20Census%20-%20National%20Report%202015%20-%20FINAL.pdf>>.

groups was family violence (46%), homelessness (41%) and family law (40.3%). The report notes the risks to communities associated with the 30% cut to Commonwealth funding from 1 July 2017. CLCs reported that they are already having to turn away a high number of people due to insufficient resources. Ninety-two CLCs reported turning away 159,220 people, and 64.4% of people turned away could not be given an appropriate, accessible and affordable referral. HJP presents an innovative way of working as a complement to these other services aimed at reaching those currently excluded.

## 1.1 Background to the Health–Justice Partnership Research and Evaluation (HJPRAE)

The Bendigo Community Health Services (BCHS) provides a wide range of regional and rural community-based health and allied health services in Bendigo and the surrounding area. Appendix A of the Full Final Report sets out the service philosophy and services they provide in detail. Appendix B of the Full Final Report provides further information on the philosophy and services of LCCLC. The two agencies that formed the HJP in Bendigo share common aims around client autonomy and empowerment, and the broader aims of alleviating poverty and systemic change. These philosophies arose from the origins of both community legal centres and community health unique to Australia emerging out of the Henderson Poverty Inquiry of the 1970s.<sup>5</sup> The research methodology reflects and embraces the nature of the agencies' philosophies and also the nature and aims of the services.

Different services may adopt different approaches given resources and settings. This is a report situated within a community health setting with the differences noted above. It may be different to the research in a large hospital setting with large numbers of clients and more resources for both service provision and evaluation. Often in hospital settings there are shorter engagements and higher numbers. This project is not situated in a hospital setting where some work on developing social indicators of determinants of health has been done looking at hospital admission reductions as indicators.<sup>6</sup> The Bendigo HJP setting is a community health setting, a very different setting, and involves often ongoing connection and contact with clients/patients, and engages in multi-disciplinary practice with social workers, paediatricians, psychologists and so on. This report also shares findings and methods that may be used and are being used now in Australia and Canada to build common measures to build the evidence base and tell the HJP story, with a view to its sustainability. It is acknowledged that different settings may mean different approaches. For example, advice from the community health sector has been critical to this research and evaluation. In community health settings, as in the Bendigo HJP, there is a longer engagement, underpinning a philosophy of empowerment and change to make an equitable and just system, with less client/patients than in hospitals due to the longer engagement and complex and often multiple issues of clients and patients.

The Loddon Campaspe Community Legal Centre (LCCLC) and Bendigo Community Health Services (BCHS) formed a partnership in 2013 to commence a HJP in January 2014 to better reach those clients experiencing disadvantage. The aim is to

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<sup>5</sup> See, eg, Mary Noone, 'Imperatives for Community Legal Centres' (1992) 17(3) *Alternative Law Journal* 120, pp. 120–4.

<sup>6</sup> Centers for Disease Control and Prevention, 'Social Determinants of Health', available at: <http://www.cdc.gov/socialdeterminants/faq.html#b>; and Healthy People 2020 Leading Health Indicators Progress Update, available at: <http://healthypeople.gov/2020/LHI/LHI-ProgressReport-ExecSum.pdf>

assist clients who are unlikely to gain legal help, and to try through a community health setting to influence their social determinants of health in a positive way by resolving legal problems that can directly affect health and wellbeing. A decision was made at the management levels of each partner agency to target a group of clients with specific vulnerability and whom they suspected were currently not accessing legal services. This decision was informed by the findings of the LAW Survey in 2012 that noted the most disadvantaged were likely to have multiple legal issues but were not accessing legal services. The site at Kangaroo Flat (KF) was determined to be a place that would host the pilot Health–Justice Partnership (HJP). The model co-located, with a view to embedding a full-time community lawyer at KF three days a week, with court work and other work occurring on the other days. The 2011 Australian Census found this area to have the significantly highest proportion of low incomes in the City of Greater Bendigo. The project is modest, with the full-time community lawyer based on-site at KF three days a week and undertaking court preparation, administration, research and representation on other days, and so they are based in central Bendigo for the rest of the week.

The Full Final Report details information about each of the partners and service arrangements, and about community legal centres and community health services in Australia.

Three teams were identified as providing the catchment of clients for the HJP model:

1. Counselling and Family Services: comprising of social workers, general counsellors and family counsellors working with children and families to strengthen their capacity and resilience, outside of the formal child protection system.
2. Child Health Invest: including child counsellors, Alcohol and Drug (AOD) workers, paediatricians, social workers and nurses. Runs a specialist Autism Assessment Program. Also provides a supported play group and the services of a child advocate.
3. The Early Years team: operates the Bendigo Family Day Care scheme and supports families of children with a disability aged less than six years.

## 1.2 Why Is a Health–Justice Partnership Necessary?

1. Individuals only consult lawyers for about 16% of their legal problems and a key access point for disadvantaged individuals is the health profession.<sup>7</sup>
2. Legal problems have a detrimental impact on the health and wellbeing of individuals.<sup>8</sup>

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<sup>7</sup> Coumarelos et al, above 3.

<sup>8</sup> Pascoe Pleasance and Nigel Balmer, 'Mental Health and the Experience of Social Problems Involving Rights: Findings from the United Kingdom and New Zealand' (2009) 16 *Psychiatry, Psychology and Law* 123, pp. 123–40; Pascoe Pleasance, Nigel Balmer and Alexy Buck, 'The Health Cost of Civil-law Problems: Further Evidence of Links between Civil-law Problems and Morbidity, and the Consequential Use of Health Services' (2008) 5(2) *Journal of Empirical Legal Studies* 351 pp. 351–73; and Pascoe Pleasance et al, 'Civil Law Problems and Morbidity' (2004) 58(7) *Journal of Epidemiology and Community Health* 552pp. 552–7.

3. A collaborative, multi-disciplinary approach to problem-solving can be effective in improving health outcomes for vulnerable individuals.<sup>9</sup>
4. A key access point for individuals seeking assistance with their problems are the health and allied health professions. Having a lawyer/legal service providing advice and casework alongside and integrated with health services can be effective in improving health outcomes for vulnerable individuals.<sup>10</sup>

### 1.3 Project Description – The Bendigo Health–Justice Partnership

The Bendigo HJP (called an ‘Advocacy-Health Alliance’ (AHA) in January 2014, then changed its name in February 2015 to a ‘Health–Justice Partnership’) is a partnership between LCCLC and BCHS. The Bendigo HJP project aims to address the SDH capable of legal redress. As noted above, the partnership is based on the understanding that many vulnerable and disadvantaged people do not consult lawyers for problems that may be capable of a legal resolution; instead, they see their trusted health worker. The idea was that having a lawyer working alongside health workers would provide preventative and strategic advocacy to holistically address barriers to client health and wellbeing. The project was informed and supported by a related project at LCCLC focusing on the legal needs of women who experience family violence. The author evaluated this family violence project in May 2015 as part of the same contractual arrangement with LCCLC as this HJPRAE.<sup>11</sup>

The Bendigo HJPRAE was undertaken over three years with an evaluative process embedded in the service from start-up. The author provided pro-bono advice over the summer of 2013–14 in anticipation of service start-up in January 2014, as LCCLC had not been able to source any project funding for an evaluation at the time. In July 2014 LCCLC was able to find philanthropic funding towards funding research and an evaluation, and the contract with the Australian National University (ANU) was signed on 28 July 2014. It is noted the project had to fit into the limited available funding for such research and evaluation rather than the available funding being adequate to support the project requirements. The Productivity Commission<sup>12</sup> has noted the constant struggle in Australia where there is a historical reticence to fund legal services research even though government and funders often require an evidence base for proof of service project worth.

The ANU was commissioned with the author to conduct the research and develop the methodology on 28 July 2014 when LCCLC was able to source some limited funds for the evaluation. Project advisers were appointed as consultants to the

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<sup>9</sup> Mary Noone and Kate Digney, “It’s Hard to Open up to Strangers” – *Improving Access to Justice: The Key Features of an Integrated Legal Services Delivery Model* (2010) La Trobe University <[https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=1799648](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1799648)>.

<sup>10</sup> Alexy Buck and Liz Curran, ‘Delivery of Advice to Marginalised and Vulnerable Groups: The Need for Innovative Approaches’ (2009) 3 *Public Space: The Journal of Law and Social Justice* 1, pp. 1–29.

<sup>11</sup> Liz Curran, ‘Why Didn’t You Ask?’ - Evaluation of the Family Violence Project of Loddon Campaspe Community Legal Centre (April 2015) Australian National University <<http://lcclc.org.au/wp-content/uploads/2015/05/Final-Evaluation-Report-LSB-Family-Violence-Curran-14-May-2015.pdf>>.

<sup>12</sup> Australian Government Productivity Commission (AGPC), Access to Justice Arrangements - Productivity Commission Inquiry Report (September 2014) <http://www.pc.gov.au/inquiries/completed/access-justice/report>.

project by LCCLC in October 2014. Dr Robert Southgate was employed by LCCLC in late December 2014 as a research assistant.

The Bendigo project required the author to not only measure the impact of the service, but in ‘ground-breaking’ research to establish measures for positive outcomes for the SDH. The stated purpose and aims of the HJPRAE are to:

1. identify how legal interventions through the Bendigo HJP Pilot make a difference to clients’ legal and health outcomes with consideration of the qualitative and quantitative data that can be captured and measured within the two-year time frame;
2. document the processes and relationships developed in the Bendigo HJP Pilot and evaluate them for appropriateness, effectiveness and efficiency;
3. inform future HJP pilots and projects on the pilot’s critical learning relating to establishing and maintaining a HJP in an Australian context and abroad; and
4. determine the value, efficiency and effectiveness of an innovative approach to legal services to disadvantaged populations.

At the time of the research being commissioned in 2013, many other jurisdictions, including the USA, lamented a lack of any concrete measurement for the SDH.<sup>13</sup> The author stresses that her brief was to not merely measure service transaction or ‘tick a box’ of things done. The brief went further. She was asked to actually examine the impact of the HJP on client outcomes and their SDH and delve deeper into the practices that could make a difference to clients’ lives and reach and resolve their issues effectively and humanely. To be able to do this, it was essential to gather significant qualitative data in addition to the more traditional quantitative data. This was a challenge given the small amount of funding for the evaluation. Accordingly, the author’s time and that of the research assistant has been mainly pro bono, especially once disbursements for the field trips were costed. The challenges of the research are discussed in Chapter Four, Full Final Report.

In addition, the further brief for the author of the HJPRAE included specific objectives LCCLC:

1. create a range of monitoring and evaluation tools, methodologies and processes drawing on the author’s existing Background Intellectual Property and practice and research experience which would be developed further in line with the project brief;
2. review the draft evaluation framework and methodology, incorporating qualitative and quantitative data with performance indicators and outcomes in partnership with the Bendigo HJP project partners at the commencement of 2014;
3. in partnership with key stakeholders, design a data collection and assessment process, including a health and wellbeing measurement, and build on and further establish a baseline set of data;
4. establish a monitoring process and interim reporting time frame for use throughout the two-year monitoring phase (the contract period)

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<sup>13</sup> Tishra Beeson, Brittany McCallister, and Marsha Regenstein, ‘Making the Case for Medical–Legal Partnerships: A Review of Evidence’ (2013) The National Center for Medical–Legal Partnership, School of Public Health and Health Services, The George Washington University 2, pp. 2–13.

5. develop, test and implement the research methodology with the ultimate goal of generating a replicable operating model to support the burgeoning HJP movement within Australia;
6. provide the project team and funding bodies with a detailed impact assessment/empirical study that examines the appropriateness, effectiveness and efficiency of the pilot, with lessons, findings, conclusions and recommendations emerging;
7. determine if the HJP project has met its objectives and reached its key priority client groups; and
8. present a detailed impact assessment through a Final Report (and Interim Reports at two project intervals) that examine the appropriateness, effectiveness and efficiency of the Bendigo HJP Pilot project, and measure the effects on the SDH and the impact on the lives of clients who are serviced by the project.

The contract also requested the following:

‘The evaluation framework will need to incorporate the outcomes, objectives and outputs associated with all four elements of the project, including direct service provision, education and training, policy change and stakeholder engagement. This will require incorporating the requirements of both the health and allied health and legal sectors within the specified data collection process. It is envisaged that a proportion of clients will be asked to participate in an intensive monitoring and evaluation process that will follow their journey and document the activities and outcomes to use as case studies and to supplement the quantitative data. This will require ANU ethics approval’.

## 1.4 Methodology – Process for the Conduct of the HJPRAE

As noted in Chapter Three of the Full Final Report, a literature review was conducted as the first step. In discussions with the services that formed the HJP, it became important to ensure that the actual process and manner in which the HJPRAE was conducted also reflects the proxies to be measured – namely, that the process of the evaluation itself engaged, built capacity, was collaborative and empowered the project participants. Accordingly, a ‘participatory action research’ approach was used. Using a participatory action research approach means literature informing collaboration in design; research participation uses a 360-degree inclusion of community, clients’/patients’ professionals and staff delivering the service, management and identified stakeholders in both design and as research participants. This can also verify and test results of different tools of measurement. Participatory action research has been described as a reflective process of progressive problem-solving led by individuals working as part of a ‘community of practice’ to improve the way they address issues and solve problems (Dick 1999/2011).

Readers of this Abridged Final Report should note that details of methodology are outlined in Chapter Four of the Full Final Report, and so they should examine this if there are any queries or if this short summary seems incomplete. Qualitative and quantitative data have been collected using multiple tools and specific questions.

The project team and participants in the HJPRAE were routinely asked to test the methodology after each snapshot and especially after the first trial snapshot, to ensure it was:

- relevant;
- realistic;

- capable of informing and improving practice;
- sustainable;
- enabling comparisons and contrasts;
- useful;
- measuring what is measurable;
- measuring what is in the service's ability to control; and
- a low burden and not expensive – limited funding of sector evaluation and heavy caseloads (input from staff).

## 1.5 Snapshots

Community health centres (CHCs) and community legal centres (CLCs) have few resources and already have a burdensome accounting and reporting regime. The author had used snapshots in previous evaluations to reduce the burden on already stretched front-line service providers with similar funding constraints on evaluation. The staff at BCHS and LCCLC asked that this research be done by way of snapshots so as to minimise the burden and so as to not distract them from their casework commitments. Before each snapshot there was a lead time with training and information and consent processes to fully inform participants. Three snapshots, each of a week, over two years were designed to minimise the toll that regular data collection entails. The service's aggregated data that is already de-identified and collected is used as a complement to the snapshot data; e.g. numbers of clients and referrals between the services BCHS and LCCLC.<sup>14</sup> There were three snapshots at eight-month intervals. The project team was measuring engagement, capacity and collaboration over the life of the project as well as in the short, medium and longer term. The project team wanted to gauge shifts in the professionals engaged in the HJP and their movement from largely working in silos to see if the experience of the HJP led to changes in these areas and in their approaches to how they practise. Therefore, many of the same professionals were interviewed for each snapshot and others were interviewed for only some snapshots either because there were changes in staff or as they further engaged with the HJP. For this reason, the aggregated data over the life of the project may include data taken from the same participants. This was unavoidable given the need to measure these shifts over the life of the project.

Quantitative and qualitative data were collected during the snapshots. The HJPRAE brief required significant qualitative data to examine impacts on the lives of clients. Some studies categorise qualitative data as 'anecdotal' and not worthy of inclusion

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<sup>14</sup> Liz Curran, Encouraging Good Practice in Measuring Effectiveness in the Legal Service Sector (21 May 2013) Legal Workshop, Australian National University College of Law <<http://www.plelearningexchange.ca/database/solving-problems-strategic-approach-examples-processes-strategies/>>; Liz Curran, *"We Can See There's Light at the End of the Tunnel Now": Demonstrating and Ensuring Quality Service to Clients* (2012) Legal Aid ACT <[http://www.legalaidact.org.au/pdf/Light\\_at\\_the\\_end\\_of\\_the\\_Tunnel\\_Legal\\_Aid\\_Services\\_Quality\\_and\\_Outcomes.pdf](http://www.legalaidact.org.au/pdf/Light_at_the_end_of_the_Tunnel_Legal_Aid_Services_Quality_and_Outcomes.pdf)>; Andrew Crockett and Liz Curran, 'Measuring Legal Services: A Practical Methodology for Measuring the Quality and Outcomes and Legal Assistance Services' (2013) 32(1) University of Tasmania Law Review 70; Liz Curran, 'Legal Review: Not All in the Statistics' (2013) 87(7) Law Institute Journal 36; Andrew Crockett and Liz Curran, 'Measuring Legal Services: A Practical Methodology for Measuring the Quality and Outcomes and Legal Assistance Services' (2013) 32(1) University of Tasmania Law Review 70; Liz Curran, 'Legal Review: Not All in the Statistics' (2013) 87(7) Law Institute Journal 36, pp. 36–9; Andrew Crockett and Liz Curran, A Practical Model for Measuring Effectiveness' (Paper presented at International Legal Aid Group Conference, The Hague, June 2013) <[http://papers.ssrn.com/sol3/cf\\_dev/AbsByAuth.cfm?per\\_id=2030109](http://papers.ssrn.com/sol3/cf_dev/AbsByAuth.cfm?per_id=2030109)>.

or not 'rigorous' enough.<sup>15</sup> Although time-consuming, in the author's view and that of some of BCHS health/allied health professionals, data such as this is essential in studies like this one to seek to understand complexity, human effects and explain behaviours and responses. Dismissing the lived experiences of people who rely on human services delivery as 'anecdotal' and not seeing them as direct experiential observations that have value (especially in a context of working out if services provide better health outcomes) misses a significant part of the information that underpins quantitative data and can explain patterns and the reasons for those patterns. This is especially important, as evaluations seek to find out what works and why or why not in a human services context. Accordingly, if research is to be relevant, meaningful and informative, neither approach should be dismissed to the exclusion of the other. It also risks lacking a resonance with those who actually use or deliver the service, and ensures findings and policy responses are connected to the reality of service delivery and are not remote and/or likely to be poorly targeted or tailored.

### Methodology for Data Analysis

Multiple tools for measurement (i.e. triangulated tools) with a 360-degree aspect (which means the inclusion of clients, professional workers, administration staff, managers and external agencies, all interfacing with the Bendigo HJP) were used. In research, the use of multiple tools is critical to reducing bias and testing and verifying data across the tools. The three snapshots were taken eight months apart to capture short, medium and long-term impacts of the HJP.

As well as aggregated service data, the following occurred to enable data collection:

- A. Community Focus Group (CFG) (February 2015).
- B. Snapshot One (a two-week trial of the methodology as well as data collection, April–May 2015) – to gather short-term project data over eight months preceding the snapshot.
- C. Staff debrief for BCHS and LCCLC and management as an Interim Report.
- D. Data analysis.
- E. Snapshot Two (one week in November 2015: medium-term project data).
- F. Data analysis.
- G. Interim Report.
- H. Snapshot Three (one week in June 2016: medium-term project data).
- I. Data analysis.
- J. Final Report.

The tools included:

- Client feedback questionnaires at reception after lawyer interviews.

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<sup>15</sup> Low Commission and Advice Services Alliance (ASA), The Role of Advice Services in Health Outcomes (June 2015), Consilium Research and Consultancy <<http://www.kindengezin.be/D97BE7B1-3B9F-4C92-A19D-E26F49E87B42/FinalDownload/DownloadId-25B401E38E52EB565A992D1BFE83FF90/D97BE7B1-3B9F-4C92-A19D-E26F49E87B42/img/role-advice-services.pdf>>.

- Interviews with clients.
- Interviews with reception (front of office staff are the first port of call for clients in need).
- Focus groups (community at project commencement and staff as an interim report back after trial to seek feedback on measures).
- Professional Development (PD) Evaluations (pre and post training).
- Guided professional journal.
- In-depth interviews with professional workers (with case studies of the same clients tracked in each snapshot to enable some longitudinal measure of SDH with client consent).
- Interviews with key relationship holders (external and managers).
- Online survey of BCHS staff examining legal knowledge and referral practice – at the Bendigo HJP service start-up (administered by LCCLC) and then in the research snapshots for the short, medium and long-term, focusing on professional referral patterns and capacity.
- Collaborative Measurement Tool (developed by the author in November 2015 – January 2016, loosely based on Vic Health’s Tool and other tools; see Appendix D, Full Final Report).
- Aggregated service data from 7 January 2014 – 30 June 2016.
- Case studies from qualitative tools.

## 1.6 Overall Achievements/Outcomes

As noted in the definition section of the Full Final Report, proxies were developed, and if these are demonstrated as present in the data collected they form information around any impacts the Bendigo HJP possibly may have had on the SDH and positive outcomes for clients and their health/allied health professionals. As noted, these were assessed (based on the literature and tested through participant co-design and in the CFG and Snapshot One trial of the methodology and the data that emerged). The proxies for the HJPRAE are:

- **Proxy One** – Engagement (including responsiveness of service, learning and life skills development) with clients, worker of BCHS and the Legal Services lawyer(s).
- **Proxy Two** – Capacity of clients, worker of BCHS and the Legal Services lawyer(s).
- **Proxy Three** – Collaboration between clients, worker of BCHS and the Legal Services lawyer(s) and other relevant partners. This includes integration and partnership as a shift from services previously largely working in isolation (silos) beyond mere networking (loose connections from time to time) to changes in practice and seamless, holistic practice in response to client need.
- **Proxy Four** – Empowerment, Advocacy and Voice clients, worker of BCHS and the Legal Services lawyer(s), and involvement in systemic work for change informed by on-the-ground experience.

Other things being measured through questions in each of the tools included (not exhaustive) stress and anxiety but for the intervention, early intervention, prevention, hope, de-escalation, holistic service, responsiveness, respect and voice.

- Qualitative and quantitative instruments with questions designed to elicit relevant data (see Appendix E, Full Final Report) for each snapshot (with the informed consent of participants) were undertaken. A triangulated approach is being used to test and verify results between the tools and reduce bias.
- Methods for the snapshot include the 360-degree involvement of clients and professional staff, management and stakeholders.
- Interviews were conducted with clients, relationship holders, lawyers, health/allied health professionals, reception staff, managers and external agencies (the latter were identified as likely to interact with the Bendigo HJP clients by initial consultations with LCCLC and BCHS).

The author used a scenario for the CFG based on general studies with vulnerable groups, casework experience and also on reading several BCHS annual reports. Using a scenario elicits powerful responses and reduces the risk of personal disclosure, thus minimising the risk of participants sharing confidential or embarrassing material. The author has used this approach in previous research and studies to effect. This was to allay ethics concerns. (See Appendix C for the detail and scenario contained in the Full Final Report.)

A Staff De-Brief Focus Group by way of interim reporting on preliminary findings was also added to the methodology so the collaboration with BCHS was nurtured and they were kept informed of the results of their ongoing participation consistent with a participatory action research process.

Aggregated data on clients coming to the HJP, referrals to and from the HJP and numbers of LSCs are detailed, as well as aggregated data from the quantitative and qualitative tools and a discussion of the issues, trends comparison and their significance in Chapters Nine, Ten and Eleven of the Full Final Report.



*Figure 3 Inside the BCHS Kidzspace building*

# PART TWO – Overall Findings, Learnings, Conclusions and Recommendations

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## 2. Overall Findings

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Based on the quantitative and qualitative data collected through the field work and aggregated service data, the overall findings for the HJPRAE are summarised as follows.

### 2.1 Specific to the Bendigo HJP

1. The clients of the HJP are complex and more often than not have more than one legal problem and a multitude of other health and social welfare problems. They often feel judged and lack trust in services. They will seek help when they feel they are not judged, where they are respected and where there is service responsiveness. Appointments are problematic – time and place can be critical to engagement, especially for people who have experiences of trauma or negative previous experiences of the legal system.
2. During the life of the Bendigo Health–Justice Partnership, it has provided a significant amount of legal service to clients on a range of matters and often where one client has a significant number of legal issues. The clients' lives are complicated and building trust takes time. Given the project has only one lawyer co-located at the HJP, the number of clients and client problems tackled is significant in view of the limited staff, funding and resources. The service's CLSIS data totals are as follows:

#### *Totals*

- Casework and Advices combined, where clients are only counted once (106 + 141) = 247
- Casework and Advices combined, where duplicate client casework and advice are included, but only if the open date and close date are different between those duplicates (122 + 161) = 283.

Both numbers are reported as the program aims to address a client's multifaceted legal issue. This may require additional casework or advice for a particular client; therefore, instances where the client has returned to the service are counted.

#### *Summary*

- Casework – 159 instances of casework over 47 problem types.
- Advice – 160 instances of advice over 50 problem types.

This is a significant amount of work undertaken by the Bendigo HJP, especially given the project is small in that it entails a lawyer based on-site three days a week but doing HJP work off-site in the LCCLC office (e.g. court appearances, court preparation, administration and legal research). There is also recent funding for a child protection team which is also doing some HJP work based on referrals.

1. The Bendigo HJP does not rely on clients to work out if their problem is legal. Due to a trained intermediary (through PD and LSCs), they trust who makes their pathway clearer as the professionals have been trained in identifying legal issues (e.g., debt, Centrelink, housing, family violence, discrimination, fines, child protection, human rights under the *Victorian Charter of Human Rights and Responsibilities*).

2. Clients are getting help earlier through the Bendigo HJP and the data is suggestive that the Bendigo HJP is having a positive impact (e.g., no drug relapse, reduced stress, reductions in suicidal ideation (see below), and findings in Chapter Ten, Full Final Report).
3. The Bendigo HJP is reaching clients who would otherwise not have sought legal help. The role of their trusted health or allied health professional in facilitating that reach has been overwhelmingly critical – 90% of clients interviewed in the HJPRAE said that without the HJP they would not have sought legal help.
4. Clients who have multiple and complex problems reported they were anxious and frightened as they did not know their rights/position. They reported this impacted on their health and wellbeing. The effectiveness and quality of the HJP service and its impact as reported by health/allied health professionals delivered the following relevant responses:
  - confidence in engaging with services in clients to have increased by 90.9%;
  - knowledge of rights and responsibilities in clients to have increased by 72.7%; and
  - knowledge of options and more skilled over time in clients to have increased by 90.9%.
5. The intervention of the Bendigo HJP is reported for the large proportion of clients interviewed as having a positive impact on their SDH – it is possible that it offers ‘hope’ as they now have someone to negotiate for them who knows their legal position; they ‘now know where they stand’.
6. The capacity of professionals, due to the HJP, to respond to legal issues with confidence has increased; that is, they have become ‘empowered’. The capacity of professionals, both lawyers and non-lawyers as well as client service staff, is key/critical to being able to support clients in a timely way, when in crisis or ready for help. The professional staff, in their in-depth interviews, reported that the personal and professional changes in themselves over the time of the HJP were as follows:
  - Stress decreased by 75%.
  - Anxiety decreased by 75%.
  - Resilience increased by 75%.
  - Trust increased by 87.5%.
  - Responsiveness increased by 87.5%.
  - Engagement increased over time by 87.5%.
  - Confidence increased by 75%.
  - Knowledge of rights and responsibilities increased by 62.5%.
7. The Bendigo HJP has significantly increased the capacity of staff to be more responsive and to identify problems capable of a legal solution, as well as changing the practice of a significant number of the health/allied health professional staff, who now refer and seek LSCs more routinely, and regard them as the ‘way we now do business’. LSCs are critical to the success of an HJP and in reaching clients who would otherwise not seek or get legal help. LSCs are helping workers to help clients and understand the legal system, and professionals can get advice on their own obligations – ethical and legal – which increases confidence. LSC extends the reach of the HJP: it builds on

knowledge and corrects misunderstandings. For example, ‘when the department<sup>1</sup> says “no”, it might not be’. The data revealed that of the health/allied health professional participants, 81.9% ‘Strongly Agree’ and 18.2% ‘Agree’ there is ‘huge value’ to them in LSC (100% positive view on its value).

8. Non legal-professionals reported their own confidence had increased due to the often-used LSC for more than one client and sharing of the knowledge from their LSC with others in their team, thus reaching far more clients than the initial LSC. Therefore, LSC has increased the number of people who receive legal information that the HJP might not otherwise have had the capacity to assist, through the allied and health professionals being able to act as trusted intermediaries.
9. The Bendigo HJP lawyer has integrated and broken down stereotypes – ‘we work as a team’. (See Chapter Eleven, Full Final Report, for a detailed discussion of the barriers posed by poor experiences/perceptions of lawyers by clients and their support staff in seeking help.)
10. The Bendigo HJP has increased the professional capacity of lawyers and health/allied health professionals through the sharing of skills, knowledge and different approaches and practice. This lifts the level of advice and support that all the HJP participants can help clients with.
11. As a result of the Bendigo HJP, all clients interviewed (as a sample of the broader client group) report improved stress and anxiety, an ability to take the next steps, that they would return to the HJP next time, and that they would seek help earlier with other problems. This is suggestive of the fact that clients are empowered and that there is potential for earlier intervention and prevention.
12. Overall, 60% of clients stated their stress had been reduced a lot as a result of the intervention, while 40% noted their stress had been reduced ‘a bit’. Fortunately, none reported stress being increased or remaining the same as a result of the intervention of the HJP, even though when you examine the qualitative data taken from clients in each of the three snapshots, their situations and circumstances were often far from ideal and often they had complex legal issues and complicated factors at play in their day-to day lives – 100% noted it had a positive impact on their levels of stress and anxiety.
13. Of the clients interviewed, 100% reported that their voice was being heard, which positively indicates that the proxy around empowerment and client voice was in evidence. Similarly, in terms of the capacity proxy, 100% of clients reported that they ‘knew more about the legal rights and where they sit in the legal process’. This is suggestive of the fact that clients are empowered and that there is potential for earlier intervention and prevention.
14. A significant number of the clients (90%) presenting to the HJP represented by the project sample had between five and eight legal problems, and reported that were it not for the referral and trust in their health/allied health professional through the HJP they would not have sought legal help with their problems.

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<sup>1</sup> Child protection within the Department of Health and Human Services (DHHS)

15. Of the clients interviewed, 40% reported having previous poor experiences with lawyers, or that the legal system was a deterrent in seeking legal help.
16. The Bendigo HJP has, over the life of the project, moved from services for health and allied health being separate to the legal centre and operating in silos, to becoming an integrated team and a multi-disciplined practice. It is suggested by the data that it has been effective in reducing negative SDH and had a positive impact on clients' lives. The project should, with ongoing funding, resources and commitment, be able to continue to reach clients who would otherwise not gain legal help.
17. Trust and relationships take time and cannot be driven by a 'top-down' approach. A key strength of the Bendigo HJP project was its organic nature and relationship base. The importance of enabling time, building respect, working through issues together and in partnership and collaboration (with clients, community, professional, client service staff, management, the executive and board), and that the Bendigo HJP project pilot funding was for three years, have all been critical to enabling the Bendigo HJP to be assessed on all the evidence as effective in reaching clients, targeting services effectively, and as an efficient and responsive service.

### **General Application to other Replicable Models of HJP (Project Brief, Aim 2 and Objective v)**

18. Clients turn to 'trusted' health/allied health professionals but may not turn to lawyers without the facilitation and transferral of trust. Some clients will not turn to a lawyer as they are not emotionally ready (e.g., due to trauma, fragility, fear), and so the health/allied health professional that they trust becomes an important intermediary for them to gain legal help and information at salient times.
19. The physical layout and placement of the lawyer is critical to the success of HJP. Being on-site, visible and accessible and responsive to health/allied health professionals is critical to success as it is the 'opportunistic' moment by the photocopier, or in the lunch room, where the trusted health or allied health professional and receptionist can be reminded of the availability of legal help.
20. A service which is a HJP needs to be 'opportunistic' in taking advantage of the client's health appointments to provide legal assistance – due to complexities of life and confusion, lack of confidence and being overwhelmed etc.
21. The capacity of professionals, both lawyers and non-lawyers as well as client service staff, is key/critical to being able to support clients in a timely way and when in crisis or ready for help.
22. LSCs are often short in duration, which for time-poor professionals with significant caseloads can be key.
23. Health/allied health professionals reported using LSCs to test the lawyer before making a referral and as critical to building trust. They used it to check in and verify facts, for their own personal peace of mind and to reduce their stress.
24. HJPs, if they are not already doing so, ought to routinely count and value the time spent by the lawyer(s) on LSC as part of its data collection, given LSC are so critical to the HJP's effectiveness and engagement with both clients and legal professionals.

25. The type of lawyer has been critical to the success of the Bendigo HJP and should be considered when hiring and recruiting staff. Lawyers can't 'just sit in their office' but need to interact, integrate, not be 'too stuffy' or 'too hierarchical', 'avoid jargon' and show 'respect'. The type of person in the role is key to the HJP's success.
26. Trust and relationships take time to demonstrate an impact and their effectiveness, as they are predicated on relationships, human experience, confidence and positive interactions and cannot be driven by a 'top-down' approach.

## 2.2 Lessons Emerging for other HJP and MDP More Broadly: 'Informing Replicable Models'

### Social Determinants of Health

SDH are hard to measure but it is not impossible to measure them.

### Barriers to Clients Seeking Help

Barriers are not limited to a lack of information, lack of confidence, a legal system that is hard to navigate, poor public knowledge, the cost of lawyers or a lack of power that the existing advice-seeking behaviour research suggests. Although all of these factors play a part, the qualitative data from the Bendigo Health–Justice Partnership research and evaluation is suggestive that barriers may also stem from the way in which the legal system has dealt with clients in the past or a negative experience of lawyers that acts as a deterrent to both the client and sometimes health/allied health professionals in seeking legal help. The experience of the Bendigo HJP Project shows that if the lawyer is 'non-judgemental', 'approachable' and 'responsive', such poor perceptions of lawyers can be countered, leading to more referrals and client engagement and thus enabling further reach.

### Partnerships and Collaborations Are Hard and Need Investment and Time

Working in partnerships towards collaboration is challenging, problematic and hard. It requires significant investments of time and regular contact points from senior management down the tree to service delivery and front-of-office staff. This was stressed by Noone<sup>2</sup> et al. previously. It has also been stressed in studies from the United States:

'The task of working out a common mission and focus among varying disciplines sometimes generates conflict and frustration and requires a significant expenditure of time. But ... there is a shared belief that coordination and collaboration offer the best hope of an effective response for these families and enables communities to continue providing core services to the neediest families in the face of growing resource constraints. A sense of crisis, the commitment of the participating individuals, their inter-personal collaborative skills, and the maintenance of clear and open channels of communication are cited as factors critical to the success of collaborative efforts'.<sup>3</sup>

And in terms of partnerships between lawyers and non-lawyers:

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<sup>2</sup> Noone and Digner, above n 10.

<sup>3</sup> Barth et al, 'Abandoned Infants Assistance Programs: Providing Innovative Responses on Behalf of Infants and Young Children' (1995) [Source?].

'The problem presented is an atmosphere of distrust, fear and antagonism – not all of which is unfounded. It is the result of a lack of communication; failure of understanding of basic professional objectives, methods and philosophy of the co-professional; and above all, the mystique built up by ever increasing malpractice insurance rates'.<sup>4</sup>

Relevant here, is part of the Family Violence Project of the LCCLC mentioned earlier, which the author evaluated in 2015. As part of the project, LCCLC developed a new survey instrument (the Collaborative Health Survey Tool) to measure experiences and views on effective collaboration between health and legal service providers in family violence matters. Such a survey was a useful way of finding out about what assists collaboration. The survey was conducted from 1 February until 31 March 2015. The survey responses revealed that some lawyers can tend to see themselves as the font of all wisdom, and are perceived as arrogant and unhelpful. This perhaps reflects that often lawyers tend to be task-oriented and consider things with a technical lens and sometimes do not fully appreciate other contexts in which other professionals also operate.

It is so important for clients to gain full help on a range of legal and non-legal issues to be able to realise their human rights. Where only 13–16 per cent of vulnerable clients have been gaining legal help, such professional barriers need to be overcome.<sup>5</sup> Understandably, consciously or unconsciously, before a health/allied health professional (with their own professional obligations to their client) will be prepared to refer a vulnerable client or patient to a lawyer, it is natural for them to only do so where the lawyer is seen as an effective communicator, personable and trustworthy; someone who will not just be concerned with the client's technical legal issues without heeding the client's context and personal circumstances, such as ill health or being overwhelmed. Where the health/allied health professional trusts the lawyer and gains a sense that they will work effectively with a client in a way that is in line with the therapeutic framework, and which will not re-traumatise, then they will be more likely to have a conversation with a client who may, in turn, be more willing to see a lawyer – in other words, what many participants and now this author term a 'transferral of trust' (based on a participant using this terminology in the Bendigo HJP). If the health/allied health professional trusts the lawyer and indicates this to the client, then the client who trusts the existing relationship with the health/allied health professional is likely to be more willing to see the lawyer.

When the HJP lawyer is visible, available and regularly having 'opportunistic' conversations with health/allied health professionals<sup>6</sup> at photocopiers, in lunch rooms and around board tables, and when people feel they have a relationship of trust, a focus on client care and problem-solving leads to the overcoming of professional and cultural differences and a sharing of common values. It can also build capacity and hence responsiveness:

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<sup>4</sup> M L Norton , 'Development of an Interdisciplinary Program of Instruction in Medicine and Law' (1971) 46(5) Journal of Medical Education 405; as cited in Elizabeth Tobin-Tyler, 'Allies Not Adversaries: Teaching Collaboration to the Next Generation of Doctors and Lawyers to Address Social Inequality' (2008) Roger Williams University School of Law 249 <[http://lsr.nelco.org/cgi/viewcontent.cgi?article=1017&context=rwu\\_fp](http://lsr.nelco.org/cgi/viewcontent.cgi?article=1017&context=rwu_fp)>

<sup>5</sup> Christine Coumarelos et al, Access to Justice and Legal Needs: Legal Australia-Wide Survey Legal Need in Australia (August 2012) Law and Justice Foundation of New South Wales 27 <[http://www.lawfoundation.net.au/ljf/site/templates/LAW\\_AUS/\\$file/LAW\\_Survey\\_Australia.pdf](http://www.lawfoundation.net.au/ljf/site/templates/LAW_AUS/$file/LAW_Survey_Australia.pdf)>

<sup>6</sup> See also Noone and Digner, above n 10.

‘... the benefits of providing this service include: building capacity amongst health professionals to identify and respond to legal needs and assisting health professionals to understand when a referral to a lawyer may be necessary’.<sup>7</sup>

As one research participant put it in Snapshot Two:

*‘This is a new trial, forging new relationships and working in a new way for all of us. We are trying to break out of silos and traditional oppositions and adversarial settings, especially for lawyers, which is why the type of lawyer is key, as I said in Snapshot One. It’s not always comfortable but we need to work through this as it is a better way of getting to the clients who need us’.* (Interview with relationship holder – manager, Bendigo HJP)

As the author’s brief includes informing replicable models of HJP (Project Brief, Aim 2 and Objective v), the findings from Snapshot Two on the transition in staff in the research are critical for other HJPs that may experience staff transitions and key staff who go on extended leave. This applies to staff in both the legal and health services in the partnership. Gaps in service on-site should be averted as much as possible. New legal staff who fill in need to be steeped in the knowledge that the HJP model is done differently to traditional lawyering, where the lawyer waits in a legal office for others to come to them. This overlooks the body of recent empirical research (see Chapter Three, Full Final Report) and more practically the heavy health/allied health professional caseloads, the negative stereotypes of lawyers (see the discussion in Chapter Eleven, Full Final Report) that inhibit referrals, and emphasises the importance of trust of health/allied health professionals if they are to make referrals.

Further, as new lawyers enter HJP work, they have a steep learning curve if they come from private practice, legal aid or traditional community legal centre practices. Accordingly, induction must be careful and it must be stressed that the HJP model means they will have to do things very differently and learn about different professionals. As the data from the participants extracted in Chapters Nine, Ten and Eleven of the Full Final Report evidence, HJP lawyers ought not just be concerned with legal technical skills but should also conquer and spend time on establishing, developing and sustaining interdisciplinary professional relationships, learning to collaborate and understand the different professional roles so they can work respectfully. Similarly, new staff in the health partnership unaccustomed to working with lawyers in a MDP may also need time to adjust and for the trust to build. This is a key learning from Snapshot Two of the Bendigo HJP.

It is not easy for a new lawyer, trained in narrow legal siloes, going from law school into practice, to suddenly feel confident and easy working with new and different professionals when they may be in a new district, and have few ties to the community in which they come to work. It is natural for them to seek comfort among the legal professionals who make up a workplace team in such a new environment. Even where the lawyer is introduced to health/allied health professional staff that they have to work with in co-located service, this may not be enough. There is significant change to adapt to: different professionals, new people, different ways of practice that take you out of the approach you have been trained in and are accustomed to, making the task challenging and daunting for the newcomer who may not have the background in HJP models. The recommendations in Chapter Fourteen of the Full Final Report suggest

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<sup>7</sup> Linda Gyorki, *Breaking Down the Silos: Overcoming the Practical and Ethical Barriers of Integrating Legal Assistance into a Healthcare Setting* (2013) The Winston Churchill Memorial Trust <[https://www.churchilltrust.com.au/media/fellows/Breaking\\_down\\_the\\_silos\\_L\\_Gyorki\\_2013.pdf](https://www.churchilltrust.com.au/media/fellows/Breaking_down_the_silos_L_Gyorki_2013.pdf)>.

that the current training and education of law students and lawyers is problematic in an age when new paradigms of lawyering are required.

If lawyers are to be effective, then it should be acknowledged that the case-based learning of court decisions and traditional teaching of law in subject siloes unrelated to human context and the reality of multi-faceted legal problems, are not equipping students to be lawyers who know about collaborative and relationship skills. This is equally relevant to practical legal training and further PD of more-senior lawyers. In addition, 'student clinics' that provide MDP opportunities for different students in different disciplines to work together would better prepare law students for MDP and holistic client care and break down professional barriers and stereotypes. This should be explored so that emerging professionals can work effectively together to better assist clients and patients.

Given that trust and relationships can so easily be broken down (as is demonstrated in the data extracted in Chapter Eight, Full Final Report, and in the data extracted and literature discussed in Chapter Eleven, Full Final Report), such a transition should be entered into with a supported, planned approach and guided induction, and a clear expectation that the HJP model is not 'business as usual'. Rather, it is an innovative approach that takes a different approach to traditional lawyering models with expectations of being on-site and visible in the community health setting routinely and regularly.

It should be stressed that being interactive and flexible and responsive may reap returns in the longer term for any lawyer (as evidenced in the data extracted from the lawyer in-depth interviews in Chapters Seven through Eleven, Full Final Report) and help the HJP in transitioning and reaching clients. The lawyers who work for a time in a HJP model setting (in-depth interview with lawyers, Snapshots One and Three) share the view that relationships and mutual support and learnings of the lawyer in the health setting are conducive to improved client support, early intervention, and proactivity. Lawyers reflecting on the whole project journey in the Bendigo HJP Snapshot Three note that by spending longer in the HJP, they build a strong sense of their own capacity as a lawyer to do more for a client, because of the holistic, client-centred model of the health service professionals noting that the traditional legal model may often let the client down hard or leave them out in the cold. There is a lesson in this for other HJPs and for MDP and legal practice in general from this Bendigo HJPRAE.

### **Ethical Process Client Complexity and Vulnerability**

When the client group has any possibility of vulnerability or is perceived as having risks, the ethics committees of universities and other agencies (e.g., government departments) will often require step-by-step ethics processes rather than granting overall approval until they are reassured about the potential harm. This requires additional work as often the tools, and information sheets and consent forms, will require modification at each phase.

### **Value of Qualitative Data that Interprets and Goes behind Reasons for Qualitative Data when Dealing with Human Service**

This research evaluation was about finding out what works and why and what impacts on the SDH. To have a deeper understanding, qualitative data is needed. Much universal research does not collect qualitative data as it is time-consuming to collect, identify themes and analyse. Yet it is this that uncovers the complexities and layers which are so important in research around social exclusion and what works. Quantitative data is often favoured as it is often about adding and aggregating and can utilise computer programs. When combined, it can go deep and find the reasons why something works and does not work and actually assess whether the service is actually having an impact on people's lives. Measurements that look at whether something has been done (e.g., transactional, 'tick a box') do not uncover the quality of the transaction,

nor whether it in fact has an impact and is effective. Quantitative data can inform of such factors and unravel complexities of clients, service provision and systemic barriers so that policy can be less blunt and learnings about what is effective practice can be shared.

Quantitative data does little to explain why the patterns exist and this has been the challenge of this project. This is why this research collects quantitative data but really relies on qualitative data to make sense of the figures in the quantitative data and the reasons that lie behind them. This is critical in understanding the ‘push and pull’ factors behind what makes people engage in getting legal help and understanding advice-seeking behaviour.

The work that HJPs do, as they target some of the most ‘at-risk’ members of society, is complex, where clients have not one but multiple and cascading legal and other problems which have often gone unnoticed or unassisted. This was particularly in evidence in the ‘guided professional journals’ which highlighted barriers, service problems in government departments, and the challenges facing professionals on a day-to-day basis, which could have otherwise been overlooked. It is critical to therefore remind participants in HJP and researchers, funders and champions that the work, although effective, is not easily done and takes time and energy and drive – to not only establish relationships but to sustain, nurture, develop and resource them.

### **Professional Development Training Needs to Be Tailored to Professionals – Practical, Interactive, Accessible and Not in Lecture Format: Scenarios Should Build on Professional’s Real Casework and Allow Space and Time for Conversations**

Results from the Bendigo HJPRAE suggest that professional development should avoid legal jargon and might be sequential over time, of a building-block nature and determined by need identified by staff in client work or through numbers of LSCs. If PD is done well, it is critical to building capacity, empowering and instilling confidence. If not done well, it can set relationships back and trust can be lost. Respect for different professional expertise is key. As one participant describes it:

*‘You can build on a relationship by email and a phone call but the foundation for a professional relationship is confidence and personal knowledge of the casework; referrals need to come but they don’t if you don’t trust. Training plays a part as if poorly done you go backwards. It’s all connected. You need to keep at it and not take relationships for granted and you also need to help us revisit knowledge, as once-off training does not all get retained – that’s why it all works in together. Secondary consultations can reinforce training. If we have secondary consultations, we will want to do the training, but if it’s not done in a way that respects us and what we have to do and heavy caseloads and in a sensible way, then we will just see it’s a waste of time and that will then impact on your engagement proxy too. We want to help our clients too but we also don’t and can’t waste our time. Training and PD needs to be thought through not just in terms of content but effective delivery that is meaningful to us in practice’. (Interview with health/allied health professional, Bendigo HJP)*

### **Multi-disciplinary Practice through an HJP is Effective, Targeted and Extends Reach to the Socially Excluded**

So far, the overwhelming majority of evidence gathered in the Bendigo HJPRAE across multiple tools is suggestive that MDP through an HJP is effective, targeted and extends reach to the socially excluded, and can be a complement to traditional models of lawyering that extend the reach of legal services to ‘at-risk’ and often invisible community members who have little voice and knowledge of their legal position. In the words of one of the client participants:

*'People should be able to know their rights like I do. They should know they have choices, not just been told and threatened so they sign away their rights to their child. The lawyer also got DHHS off my back which made me more stressed and likely to make more mistakes ... you need to get the word out there about your service, in fact I am going to post how good you are on my Facebook page as there are lots of people in KF who think they have to do what they are told and I want them to know their rights like I do.'* (Interview with Client, Bendigo HJP)

## 2.3 Conclusions – Specific to the Bendigo HJP

### Reaching Those Who Would Otherwise Not Gain Legal Help

The evidence-based research (quantitative and qualitative) proves that this small and modest pilot project which sees a full-time lawyer based at BCHS for three days of the week, in a Bendigo Health–Justice Partnership between LCCLC and the Bendigo Community Health Services, has been an effective, targeted, efficient model. The Bendigo HJP meets its stated aim of reaching people who would otherwise not gain legal help with their legal problems through working with the trusted health and allied health professionals to whom clients turn at the Kangaroo Flat site of BCHS. The Bendigo HJP data suggests that the project has also had a demonstrable effect on improving the social determinants of health of its clients (see data and discussion Chapters Four through Ten, Full Final Report).

### Journey Towards Integration and Collaboration

The evidence shows the HJP Partners, Bendigo Health–Justice Partnership and LCCLC, have moved beyond working largely in siloes in responding to legal issues of clients, towards collaboration on a range of levels both professionally and organisationally and in terms of physical layout and IT and other systems to enable the HJP model to work. The overwhelming majority of evidence gathered in the Bendigo HJP research and evaluation data across multiple tools is suggestive that multi-disciplinary practice through an HJP is effective, targeted and extends reach to the socially excluded, and it can be a complement to traditional models of lawyer that extend the reach of legal services to 'at-risk' and often invisible community members who have little voice and knowledge of their legal position.

The Bendigo HJP has not been easy. Relationships of trust take time to develop and need to be sustained. This takes significant time and effort but reaps rewards for clients and professional staff alike. Through the life of the project, high levels of trust between professionals using the HJP were evidenced and increased, and these are critical if clients are going to be reached.

As the author's brief includes the making of suggestions/recommendations (Project Brief, Objective vi), it might assist in the future if the health/allied health partner and the legal partner both assign a person as a point of contact to enable concerns of any nature to be raised and dealt with in a timely manner. It is fair to say that over the duration of the evaluation, the 'point of contact' was sometimes confusing. This might also assist in seamless service and PD topics raised in some of the data. Putting clear lines of communication in place is essential.

This multi-disciplinary project, with professionals of different disciplines working together to assist clients with a range of complex needs, has seen a demonstrable increase in engagement of clients and health/allied health professionals. The capacity, confidence and sense of empowerment has improved as a result of the HJPs.

The HJP has seen the lawyers involved move from a traditional mode of lawyering, which waits for people to come to the lawyer, to the lawyers being more holistic, joined up, integrated and collaborative. This at times has been a challenge, but there is a demonstrated shift and evidence that this way of working and the use of LSCs are

'critical' for clients if they are to be reached and for staff if they are going to be prepared to make referrals to the lawyer.

### **Social Determinants of Health**

The evidence gathered through the data means it is possible that some social determinants of health for clients have improved as a result of the Bendigo HJP interventions. The data reveals reported decreases in levels of stress and anxiety and enhanced resilience in clients and in the health/allied health professionals who support them as a result of the HJP interventions, all of which go to reducing the risk of poor health outcomes.

As the data demonstrates in Chapters Nine and Ten, Full Final Report, clients and their health/allied health professionals report that clients have been able to move forward or focus on their other often significant health and wellbeing issues because they know their legal problems are being handled and because they do not stress over their legal position so much as they 'now know where they stand'. For example, drug-addicted clients' risk of relapse has been reduced, and mentally ill clients have averted triggers to psychosis, by opportunistic access to a lawyer as they were in a heightened state of alarm about their legal matter.

Clients report a clear impact in their lives – and this is relevant to shaping positive impacts on their social determinants of health – of the HJP in the data gathered in the author's research and evaluation and detailed throughout the Full Final Report. This includes the fact that, if not for the Bendigo HJP, they would have lost their child, have no money to feed their child or to live, or would not be alive. There are a large number of examples of why and where the HJPs have impacted positively on the social determinants of health in the Full Final Report (see impact & effectiveness in Chapter Ten).

### **Effectiveness**

The Bendigo HJP Project has achieved what it set out to do in terms of the impact it has had both for clients and for health/allied health professionals in supporting clients with legal need. This work would not have been possible but for, as the data suggests, the committed way in which the two partners, BCHS and LCCLC, have worked together to meet many of the challenges presented.

The weight of evidence gathered in this Bendigo Health–Justice Partnership Research and Evaluation demonstrates the care, skill and commitment of the two partner agencies for the clients and community they serve – 90% of the clients interviewed in this small Bendigo HHJP indicated they would not have sought legal help were it not for the actions of BCHS in linking them into the HJP.

It was reported that 100% of clients' stress and anxiety had reduced due to the intervention of the Health–Justice Partnership and that the same number had more confidence in engaging with services through the HJP.

### **Areas for Improvement**

The Full Final Report (see Chapter Eleven) identified that more community legal education and professional development targeted at doctors are areas where there could be improvement and more work undertaken. This is difficult as noted, given the project's limited resources and personnel. This might be an area for funders into the future, whether government, philanthropy or pro-bono sponsored staff, given the data suggests it is key to reach, capacity and empowerment of community and staff. The reality is that to some extent, legal practitioners can tend to be fairly pragmatic about their role, and often with court dates and deadlines for filing to meet, time out of the office to represent clients in court, and tribunals and duties to the court (see discussion in Chapter Eleven, Full Final Report) that extend beyond the individual client, in this

regard they may focus on getting on with the business of advice and casework. By contrast, health/allied health workers are possibly less likely to approach the lawyers, in the first instance, to build the relationship because of their perception of what lawyers are like. This is elaborated on in Chapter Eleven, Full Final Report. As a consequence, health/allied health partners all need to be proactive in fostering the relationship. They cannot expect that the legal partner (generally consisting of, for instance, in the Bendigo HJP, one project lawyer) can cover all of the bases with respect to fostering the relationship. At the end of the day, as the data from this research and evaluation demonstrates, a HJP is an effective way of reaching people who would otherwise be invisible; data is suggestive of its improving client SDH outcomes and building engagement, capacity and empowerment for each of the partner agencies and the clients who they aim to assist.

## Summary

In summary, the empirical evidence (including substantial quantitative and qualitative data across a number of tools) emerging from the Bendigo Health–Justice Partnership Research and Evaluation is that where there is collaboration through referrals, LSCs, respectful professional development, client follow-up by both legal and health/allied health professionals, clear understanding and transparency, and effective and targeted service, then it can reach clients who would not otherwise gain legal help. The proxies which are indicative benchmarks for the project’s impact and positive outcomes for the social determinants of health, namely engagement, capacity, collaboration and empowerment, were all evidenced in the empirical data.

The Bendigo HJP, it is suggested by the data, has made inroads positively into clients’ social determinants of health and built the capacity of all their professionals to be able to better support clients to navigate complex systems and problems. The case studies in the Full Final Report, in Chapter Ten, that emerged from the study are powerful and the author recommends them to any reader wishing to understand how the social determinants of health can impact upon the complex lives of the clients of BCHS and LCCLC in the Health–Justice Partnership in Bendigo.

LSCs were critical to the success of the Bendigo HJP and in reaching clients who would otherwise not seek or get legal help. LSCs are helping workers to help clients, understand the legal system, and allow professionals to get advice on their own obligations, ethical and legal, which increases confidence – these in turn extend the reach of the HJP, build on knowledge and correct misunderstandings. LSCs need to be counted and valued as they are emerging as being just as important as client advices in reaching clients, as some clients may be too traumatised to see a lawyer, or mentally unwell, and so working with their trusted health or allied health professional through LSC is overwhelmingly described by 100% of participants in this research as of huge value.

The HJP in Bendigo has also demonstrated how innovative and collaborative its’ approaches to lawyering are, which break the traditional mould of the lawyer sitting in an office and waiting for the clients to come. Instead, by going to where the clients are likely to be, alongside the health and allied health professionals that clients are likely to trust, it can reach those otherwise excluded and unknowing of their legal rights. Critical in this is that the lawyer needs to be approachable, down-to-earth and genuine who respects clients and non-lawyers and other professionals and the role they all can play to work together for integrated, seamless, holistic client care, as has been achieved in the Bendigo HJP.

The author suggests, based on the quantitative and qualitative data, that is suggestive of the effectiveness, quality and impact of the Bendigo HJP, that further funding for the HJP be forthcoming in the future from government, council, philanthropy, pro-bono contributions and other sources, and also that it might be expanded to include staff who

can assist the HJP lawyer in provision more consistently in professional development for health/allied health staff and for and with and in collaboration with the community.

Funding of other HJPs should be considered to enable more community members currently excluded or unable to obtain or seek help with legal problems to be reached in a range of other settings, including social welfare service, general practitioner clinics, hospitals, schools and anywhere else people are likely to turn to trusted intermediaries for help with a range of health and social problems.

In the words of a research participant,

*'I have incredible confidence in accessing it. I would be devastated if it were not there ... can't imagine that process being as responsive. It has informed me of the hard data of stuff. The Ivo example is a good one where I can check legal things with the lawyer. Now I have another string to my bow. Legal stuff often gets tangled up in medico-legal but we have not taken it there. Some lawyers, in my previous opinion, might only be interested when things have escalated. I see this is not the case with the HJP – vulnerabilities. Clients now know that the issue does not have to be huge; there is no benchmark. The client's issues are not trivialised.'* (In-depth interview with health/allied health professional, Snapshot Three)

## 2.4 Recommendations

The author's specific project brief was also to make recommendations specific to the Bendigo HJP and more broadly. Accordingly, the author makes the following recommendations. The author notes that many of these recommendations flow from the participants in the research. Some have emerged from the overall analysis of all the project data by the author and others are suggestions that the author believes may further enhance replicable or existing models of HJP and its reach and relate to broader areas of funding, education and policy that stem from the literature; practice, research and teaching expertise, and from the data itself.

### Specific to the Bendigo HJP

- 1. Sustainability – Funding well beyond the pilot needs to occur to ensure the advances are harnessed and extended.**

The HJP model is effective, efficient and targeted and reaches clients through health and allied health providers. As such it needs sustained and adequate funding from government, council, philanthropy, pro-bono contributions and other sources, and the potential beyond having one HJP lawyer to make even greater inroads in supporting clients. In particular, it would be enhanced by more staff, including health promotion/community development and legal education and empowerment functions.
- 2. Professional development for doctors.**

Another area for further work is the integration of PD opportunities for doctors into the general professional development of BCHS so that it is not time-consuming, and to encourage a greater capacity for BCHS staff to participate given their casework commitments. This is especially true of the doctors with high patient numbers and the 10-minute slots for patient appointments. For them, use of LSCs may be a tool for PD, regular attendance at medical and general practitioner/paediatrician team meetings, and assistance with template letters; for example, the special circumstances list.
- 3. Community legal education and professional development training should include more training on the art of argument and rehearsal of difficult conversations with decision-makers – for health/allied health professionals, it would empower them more in advocacy.**

See Chapter Ten data, Full Final Report from BCH health/allied health staff.

4. **A simple, plain English, easy to administer ‘Legal Health Checklist’ should be made available to all BCHS staff across all sites (both professional and client service staff) – one could also be prepared for clients.**

This was requested by a number of research participants, including the doctors and reception staff, as something they would find useful (see Chapters Eight and Nine, Full Final Report). It can be based in simple existing tools that are available from the Health–Justice Partnership Tool Kit and the National Centre for Health–Justice Partnerships in Australia.

5. **Engagement of the Boards and Executive of both partners in the Bendigo Health–Justice Partnership in joint reporting on the impacts of the Health–Justice Partnership on clients and community and staff, strategic planning and policy work.**

Participants in Snapshot Three also noted there was room for more collaboration on policy between the two agencies and their Board and Executive on systemic issues relevant to their clients. This had started to occur with work on child protection in Snapshot Two and has also occurred in relation to an Office of the Public Advocate Inquiry. Such joint action takes time and is likely to occur into the future given the readiness of the managers interviewed to embark on such joint initiatives and work more strategically together, as was indicated in interviews with them in Snapshot Three.

6. **Physical placement of the lawyer in the building or any future building in which the Health–Justice Partnership is based.**

This will enable LSCs to be seamless, easy and opportunistic as this helps clients and staff capacity.

7. **The Bendigo HJP is a ‘two-way street’. Ongoing communication between the legal partner and the health partner is essential for the seamless and collaborative nature of the project. The health/allied health partner and the legal partner both assign a person as a point of contact to enable concerns of any nature to be raised and dealt with in a timely manner.**

See discussion, Chapter Thirteen, Full Final Report

8. **Proactivity – health/allied health partners all need to be proactive in fostering the relationship. They cannot expect that the legal partner (generally consisting of one project lawyer) can cover all of the bases with respect to fostering the relationship.**

See discussion earlier in Chapter Fourteen, Full Final Report.

9. **Funding in future research and evaluation of the Bendigo HJP should be sought for the running of a focus group following each snapshot period (if the snapshot methodology is followed).**

The focus group task, in a very rich and real way, addresses the SDH. Checking in with the community following each snapshot is a powerful addition and a hugely informative check and balance. It could ensure a continual check-in with the target client group and provide a mechanism to offer ongoing CLE to vulnerable and disadvantaged clients. See the discussion, Chapters One through Four, Full Final Report.

## General Recommendations for Replicable/Existing Models of HJP, Funding, Education and Policy

- 1A. Research evaluation should not fit into limited available funds but should be funded according to the actual work and the societal and tax payer value of building the evidence-based practice that is required to ensure good and effective service to community.**

Having an embedded, routinised evidence base is critical to inform and ensure good practice and replicable models.

- 2A. Funding in future, if this methodology is favoured in future studies, should be sought for the running of a focus group following each snapshot period (if the snapshot methodology is followed).**

The focus group task informs, in a very rich and real way, the SDH. Checking in with the community following each snapshot is a powerful addition and a hugely informative check and balance. It could ensure a continual check-in with the target client group and provide a mechanism to offer ongoing CLE to vulnerable and disadvantaged clients. See the discussion, Chapters One through Four, Full Final Report.

- 3A. Community legal education/community development in a multi-disciplinary way.**

There is a role for the Health–Justice Partnership in empowering community and engaging with community more broadly in the knowledge of their legal rights and developing their own skills in advocacy. This should be done where possible in a multi-disciplinary setting in conjunction with community health partners who can also inform legal education with a health promotion perspective to enhance community social and health outcomes. Such sessions could be run jointly, with the health and allied health professional and lawyer using adult learning approaches that respect the participants' experience. In the current project, as there was only one HJP lawyer, it was not possible to conduct as much of this work. Given its importance (see the evidence in the research data) this work should be enabled through funding and a person who is able to undertake this work to build professional and community capacity and engagement.

- 4A. Education of law students at university in practical legal training and lawyer professional development, in holistic client care and breaking down professional barriers and stereotypes, by skills training in different styles of lawyering.**

Current training and education of law students, experienced lawyers and graduate lawyers is problematic in an age when new paradigms of lawyering are required. If lawyers are to be effective, case-based learning alone and the traditional teaching of law in subject siloes unrelated to human context and the reality of multi-faceted legal problems will not equip them for real-life legal practice or good practice. Poor perceptions and experiences of lawyers (see the discussion in Chapter Eleven, Full Final Report) will not change until they have improved collaborative and relationship skills. This is equally relevant to Practical Legal Training courses and further professional development of more-senior lawyers. Universities, the Law Institute of Victoria and PLT providers need to be mindful of changing legal practice and the evidence base for quality and effective legal practice.

- 5A. Multi-disciplinary student clinical programs should be taught at university across faculties to promote collaborative practice, and funding made available.**

In view of the shortcomings in legal education and the value for all students in learning to work collaboratively across disciplines, there seems to be an ideal opportunity for universities to introduce some multi-disciplinary student clinics, where law students, nursing students, social work students and counselling students might all undertake a clinical project for credit. Funding opportunities for this should be made available. The opportunities for students to learn about collaboration, other disciplines, and to look at things through a different lens would be a way of making future professionals better able to work out of siloes and trained to think outside legal categories and more laterally and holistically. They could learn skills of relational lawyering and collaboration by learning in relevant and appropriate settings alongside non-legal students in training to be professionals (e.g. nursing, medicine, psychology, social work). This might lead them to think not only as narrow legal technicians but to see things more laterally, enabling a different type of professional relevant to MDP and HJP but also likely to benefit a range of clients and be useful in corporate settings as well.

- 6A. LSCs – Data capture to ensure practice-informed support and valuing of this form of advice and training to support those undertaking legal and non-LSC. The Community Legal Centre data-capture systems should count and value LSCs as a legitimate method of expanding the reach of legal assistance service to professionals and clients who may not be ready to see a lawyer.**

LSCs ‘are pivotal’ – ‘it would not work if we did not have LSCs’. A significant majority of research participants noted that LSC enables quick, efficient and targeted building of knowledge which can ‘save time’ in the long run. LSCs need to be done well as they are so critical to engaging and reaching vulnerable and disadvantaged clients. Training in good LSC is also critical to ensure they comply with legal professional requirements but are also practical, useful and useable.

- 7A. Physical placement of the lawyer in the building or any future building in which the Health–Justice Partnership is based.**

This will enable LSC to be ‘seamless’, ‘easy’ and ‘opportunistic’ and ‘reach clients earlier’ who are ‘in crisis’, as this helps clients and staff capacity to respond and make ‘informed choices’, and ‘increases confidence’.

- 8A. Inclusion in training of client service staff as they are on the front line and could also refer at points in time that are critical.**

See Chapter Ten data from BCH reception staff, Full Final Report.

- 9A. Future research with costing of savings from early legal help, which otherwise would have led to downstream costs to the health, social and legal system and which supplement the basic income for families, would be useful.**

Given, as noted above, the lack of funds for research evaluations, the author has some suggestions. The use of pro-bono law and accounting firms and provision by large firms of intern or funded fellowships to do costings of saving from the HJP interventions could be a way of finding the expertise and examining the evidence base and modelling. Another possibility is the use of volunteer students with economic or commercial training (many law students have combined law and commerce degrees) who could model and cost savings for a HJP where these client matters suggest. In the UK, some law centres and student law clinics (Nottingham Trent University) enlist volunteer students to undertake this. (See the discussion in Chapter Eleven, Full Final

Report.) Bringing into the research this economic dimension through utilisation of such expertise could inform public policy and funding decisions.

- 10A. Funding of other HJPs (as a complement to existing general and specialist legal services) should be forthcoming in the future from government, council, philanthropy, pro-bono contributions and other sources, given the growing evidence base for HJPs (including the Bendigo HJPRAE) as an effective innovation.**

This will enable more community members currently excluded or unable to obtain or seek help with legal problems to be reached in a range of other settings, including social welfare service, general practitioner clinics, hospitals, schools and anywhere else people are likely to turn to trusted intermediaries for help with a range of health and social problems.

## 2.5 Some Selected Case Studies from the Full Final Report

### Case Study A

*'When it first started I did not have money to pay a lawyer. But having access to the services at BCHS assists because prior I would have paperwork coming in and not knowing what to do with it would make me anxious. Lawyer helps me in this respect. Been going so slow for so long that it takes time. The lawyer is very approachable and keeps me informed of the work she is doing. Informed me where there might be weaknesses and where there might be strengths. She informed me about process and where it was not being followed by the department which could have affected the outcome of my matter. Prior to HJP, a private law practice and the lawyer did not listen and did not clarify instructions before sending out correspondence. Fair to say this is a contrast to how the lawyer operates and looks after me'. (Interview with Client)*

### Case Study B

*'Client had a significant history of family trauma, experiencing child abuse herself and running away as a child to avoid it. This trauma "drove her to drugs". "You don't recover from that overnight". "DHHS has so many witnesses and resources so it's great to have a lawyer that makes them accountable ... DHHS told me to sign and agreed with what the form said and they told me if I did not sign the matter would go to court. I did not want that so I signed and I did not know what it meant and it made me look slack ... as I had signed they just went ahead and got the orders. I became stressed and I cried a lot and got depressed ... Once I got linked to the lawyer and she got involved, my anxiety got better. I am not on Xanax. Now I have help so my anxiety has reduced ... Why am I less stressed? Well, with the lawyer, I know my options. I never knew I could fight and be heard. I didn't know my options after reunification and I never knew I could get half so far. Now I feel I have my life back. I am on the way to a certificate and feel like jumping in the air like the Toyota ad"'. (Interview with health/allied health professional)*

### Case Study C

*'It's a big issue for me as it's lots of money that I paid and as a single parent 35 kilometres out of town it's an issue, and I could have had a car and more money for us to live on ... it's about feeding my kids and the money lost was causing me stress and now [the lawyer] is sorting it out'. (Interview with Client)*

### Case Study D

*'I referred this client to the [HJP] lawyer after a secondary consultation – on the spot. Client is a care and protection matter and parenting client from Snapshot One. She now had concerns over the safety of kids with their dad at the time of*

*our last discussion. Today she is doing much better in her life; the interaction with us all, although brief, has been effective. She feels safe and the dad is now in prison. The HJP lawyer and us working together eased client's mind on what she can do and helps her in her job of parenting her kids. The legal advice from the lawyer gave her validation and yet we could guide her to what was in the best interests of the children – all about trust and not being without true information, which the HJP lawyer can provide. Empathised with her and she is empowered to now do what's in the best interests of the children rather than being so powerless as she once was when she came to us. Now also the client does not feel she's the only one having this experience ... the benefit for this client who was unsafe has been reduced anxiety, reducing her sense of self-contempt, sense of contentment. She couldn't sleep; it's reduced the pressure on her heart, and her wellbeing and the benefit flows onto the kid – no longer keeping the peace and putting up with it but self-aware and realises that the family violence had her protecting the kids all the time and feeling she was walking on eggshells. Now she has a plan or road map and feels she can deal with it. She knows she can call back and get help if she needs it'. (Interview with health/allied health professional)*

### Case Study E

*'My client thought she was going to go to prison and "What would happen to the kids?" She had lost loads of sleep. I had a quick meeting with the lawyer and they told me that they could help and within a matter of minutes I took the client to see the [HJP] lawyer. The woman, it emerged, had had a drug abuse problem at the time of the fines. The lawyer was able to respond to the client in crisis and reassured her she would not go to prison given the circumstances. This woman would have definitely reused drugs if she had not seen the lawyer there and then. It directly impacted on her health and her children and even the grandparents. Her problems were elevated because of previous drug use and it all impacted on the kids, and at that point in time she needed immediate help or who knows what. She may not have gotten food on the table or the kids to school in her panic about going to prison. She definitely was at risk of going back to the drugs. She was about to drop, I would say, 60–80%, but the intervention with the lawyer averted this and afterwards she [the client] felt she could make sense of what was occurring and the lawyer would immediately put in train some actions and "get the pot off the boil". The lawyer emailed the authorities and got them off the client's case and negotiated with the sheriff. This experience of the lawyer gave me as the ... worker more confidence also to ask the lawyer questions in future, and I felt I could trust her and refer others to her'. (Interview with health/allied health professional)*

### Case Study F

*'This lady catastrophised everything and so would not turn up at court to just call and check. The police were set to re-bail her but the [HJP] lawyer intervened after I told her what was going on and asked for help. Lawyer de-escalated it and she [client] now realises that a process is not the end of the world and things can be done to avoid disaster, and she now knows she can act earlier. Many of our clients don't know this and so don't respond. She said it brought a lot of relief'. (Interview with health/allied health professional)*

### Case Study G

*'A young mother was stressed and had been provided misinformation about her rights in relation to her child. The lawyer was able to correct this misinformation and provide the mum with next steps in a concrete way. This meant for all of us that the mum's decisions were informed and clearer and she was less stressed. She was an intervention order client and so she knew what to be wary of, and not*

*only could she be less stressed but safer'. (In-depth interview with health/allied health professional)*



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